

FINANCIAL AID REVISION REQUEST

2011-2012

Purpose: To change an award, after an AWARD NOTIFICATION has been issued.

Section A. Student Information

Name _____ Student ID# _____ Social Security # XXX-XX- _____

Home Phone _____ Email Address _____@maricopa.edu

Section B. Enrollment Change- What applies to you.

Changes in my enrollment status. Indicate only the semester requiring the change.

	Fall	Spring	Summer I	Summer II
I will be enrolled in # of credit hours				
I will not be enrolled. Please cancel my award				

Full-time=12+hrs ¾ time = 9-11 hrs
 ½ time= 6-8 hrs < ½ time= <6 hrs

Section C. Changes to your aid

I have already been awarded, but would like to change my award package. Check requested action or indicate amount. **NOTE:** We will award the maximum amount you can receive unless otherwise indicated.

Program:

	Add	Increase
• Subsidized Stafford Loan		
• Unsubsidized Stafford Loan		
• Federal Work Study*		

Have you secured a FWS job? No ___ Yes ___ Department _____

*Not all schools participate in these programs.

Other changes and/or comments: _____

Section D. Student Signature

Your signature authorizes us to take the action indicated. If you are requesting a loan, your signature authorizes the transfer of your loan funds electronically to (school name) and confirms your understanding of the information regarding student loans.

Student Signature _____ Date _____